



March 22, 2001

ENGROSSED SENATE BILL No. 308

DIGEST OF SB 308 (Updated March 20, 2001 4:13 PM - DI 77)

Citations Affected: IC 12-15.

Synopsis: Medicaid payment for emergency room services. Removes expiration provision from the statute requiring that, under the Medicaid primary care case management program, certain physician services provided to a program enrollee in a hospital emergency department must be at a rate of 100% of rates payable under the Medicaid fee structure, if the service is authorized by the enrollee's primary medical provider or managed care organization. Applies the 100% reimbursement requirement to the Medicaid risk-based managed care program if the services are provided by a physician who does not have a contract with the patient's managed care organization. (The introduced version of this bill was prepared by the interim study committee on Medicaid oversight.)

Effective: July 1, 2001.

Miller, Craycraft, Antich, Smith S
(HOUSE SPONSORS — BROWN C, BECKER)

January 11, 2001, read first time and referred to Committee on Health and Provider Services.

January 25, 2001, reported favorably — Do Pass.

February 1, 2001, read second time, amended, ordered engrossed.

February 2, 2001, engrossed.

February 8, 2001, read third time, passed. Yeas 47, nays 2.

HOUSE ACTION

February 26, 2001, read first time and referred to Committee on Public Health.

March 21, 2001, amended, reported — Do Pass.

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March 22, 2001

First Regular Session 112th General Assembly (2001)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2000 General Assembly.

ENGROSSED SENATE BILL No. 308

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-15-15-2.5, AS AMENDED BY P.L.245-1999,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2001]: Sec. 2.5. (a) Payment for physician services provided
4 in the emergency department of a hospital licensed under IC 16-21
5 must be at a rate of one hundred percent (100%) of rates payable under
6 the Medicaid fee structure.
7 (b) The payment under subsection (a) must be calculated using the
8 same methodology used for all other physicians participating in the
9 Medicaid program.
10 (c) **For services rendered and documented in an individual's**
11 **medical record**, physicians must be reimbursed for federally required
12 medical screening exams **that are necessary to determine the**
13 **presence of an emergency** using the **appropriate** Current Procedural
14 Terminology (CPT) codes 99281, 99282, or 99283 described in the
15 Current Procedural Terminology Manual published annually by the
16 American Medical Association, without authorization by the enrollee's
17 primary medical provider.

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(d) Payment for all other physician services provided in an emergency department of a hospital to enrollees in the Medicaid primary care case management program must be at a rate of one hundred percent (100%) of the Medicaid fee structure rates, provided the service is authorized, prospectively or retrospectively, by the enrollee's primary medical provider.

(e) This section does not apply to a person enrolled in the Medicaid risk-based managed care program.

~~(f) This section expires July 1, 2001.~~

SECTION 2. IC 12-15-15-2.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: **Sec. 2.6. (a) This section applies to physician services provided in the emergency department of a hospital licensed under IC 16-21 to an individual enrolled in the Medicaid risk-based managed care program by a physician who does not have a contract with the enrollee's Medicaid risk-based managed care organization.**

(b) Payment for physician services described in subsection (a) must be at a rate of one hundred percent (100%) of rates payable under the Medicaid fee structure.

(c) The payment under subsection (b) must be calculated using the same methodology used for all other physicians participating in the Medicaid program.

(d) For services rendered and documented in an individual's medical record, physicians must be reimbursed for federally required medical screening exams that are necessary to determine the presence of an emergency using the appropriate Current Procedural Terminology (CPT) codes 99281, 99282, or 99283 described in the Current Procedural Terminology Manual published annually by the American Medical Association, without authorization by the enrollee's primary medical provider or managed care organization.

(e) Payment for all other physician services described in subsection (a) provided to enrollees in the Medicaid risk-based managed care program must be at a rate of one hundred percent (100%) of the Medicaid fee structure rates, provided the service is authorized, prospectively or retrospectively, by the enrollee's primary medical provider or managed care organization, based on information as documented in the enrollee's medical record.



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SENATE MOTION

Mr. President: I move that Senator Craycraft be added as second author of Senate Bill 308.

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COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 308, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to Senate Bill 308 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 10, Nays 0.

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SENATE MOTION

Mr. President: I move that Senate Bill 308 be amended to read as follows:

Page 1, line 10, after "(c)" insert **"For services rendered and documented in an individual's medical record,"**.

Page 1, line 10, delete "Physicians" and insert "physicians".

Page 1, line 11, after "exams" insert **"that are necessary to determine the presence of an emergency"**.

Page 1, line 11, after "using the" insert **"appropriate"**.

Page 2, line 1, delete "Primary Care Case Management" and insert "primary care case management".

Page 2, line 6, delete "Risk-Based Managed Care" and insert "risk-based managed care".

Page 2, after line 7, begin a new paragraph and insert:

"SECTION 2. IC 12-15-15-2.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2001]: Sec. 2.6. (a) **This section applies to physician services provided in the emergency department of a hospital licensed under IC 16-21 to an individual enrolled in the Medicaid risk-based managed care program by a physician who does not have a contract with the enrollee's Medicaid risk-based managed care organization.**

(b) **Payment for physician services described in subsection (a) must be at a rate of one hundred percent (100%) of rates payable under the Medicaid fee structure.**

(c) **The payment under subsection (b) must be calculated using the same methodology used for all other physicians participating in the Medicaid program.**

(d) **For services rendered and documented in an individual's medical record, physicians must be reimbursed for federally required medical screening exams that are necessary to determine the presence of an emergency using the appropriate Current Procedural Terminology (CPT) codes 99281, 99282, or 99283 described in the Current Procedural Terminology Manual published annually by the American Medical Association, without authorization by the enrollee's primary medical provider or managed care organization.**

(e) **Payment for all other physician services described in subsection (a) provided to enrollees in the Medicaid risk-based managed care program must be at a rate of one hundred percent (100%) of the Medicaid fee structure rates, provided the service is authorized, prospectively or retrospectively, by the enrollee's**

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primary medical provider or managed care organization, based on information as documented in the enrollee's medical record.

(f) This section expires July 1, 2003."

(Reference is to SB 308 as printed January 26, 2001.)

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SENATE MOTION

Mr. President: I move that Senators Antich and Smith S be added as coauthors of Engrossed Senate Bill 308.

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COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 308, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, line 9, strike "(f) This section expires July 1,".

Page 2, line 9, delete "2003.".

Page 2, delete line 40.

and when so amended that said bill do pass.

(Reference is to SB 308 as reprinted February 2, 2001.)

BROWN C, Chair

Committee Vote: yeas 11, nays 1.

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